## 7572535729 RECEIVED P. 1 CENTRAL FAX CENTER

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		Application Number	10/039,0	62	
TRANSMITT	Filing Date	Decembe	December 31, 2001		
FORM (to be used for all correspondence after initial filing)		First Named Inventor	William R	William R. Matz	
		Art Unit	2153		
		Examiner Name	Sean M.	Sean M. Reilly	
Total Number of Pages in This Submissio	Attorney Docket Number	BS01376			
	ENCLOS		<del></del>		
	(Check all t	hat apply)			
□ Fee Transmittal Form     □ Fee Attached     □ Amendment/Reply     □ After Final     □ Affidavits/declaration(s)      □ Extension of Time Request     □ Express Abandonment Request     □ Information Disclosure Statement     □ Certifled Copy of Priority Document(s)     □ Response to Missing Parts/Incomplete     Application     □ Response to Missing Parts under 37     ○ CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)  Remarks:		Appeal C and Inter Appeal C (Appeal Proprieta  Status Le	Communication to Group Notice, Brief, Reply Brief) ary Information	
SIGN	LATURE OF APPLICANT	LATTORNEY, OR A	GENT		
Name (Print/Type)	Bambi Faivre Walters			45,197	
Signature The Dan Walken					
Date 4//22/05					
C	ERTIFICATE OF TRAN	SMISSION / MAILIN	G		
I hereby certify that this correspondence is Service with sufficient postage as first clas VA 22313-1450 on the date shown below.	s mail in an envelope addr	d to the USPTO or dep essed to: Commission	osited with the For Pater	the United States Postal nts, PO Box 1450, Alexandria,	
Name (Print/Type)	Maureen M. Pettine Date ///১-/05			11/00/05	
Signature Maurier Mr. Pettine					

## RECEIVED CENTRAL FAX CENTER

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

NOV 2 2 2005

In re application of: William R. Matz

Group Art Unit:

2153

Application No.:

10/039,062

Examiner:

Sean M. Reilly

Filed:

December 31, 2001

Title:

"System and Method for Targeted Content Distribution Using Tagged Data Streams"

**VIA FACSIMILE 571-273-8300** 

Attn: Examiner Reilly

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:  $\frac{n/3 \times 105}{1000}$  (date of transmission).

Maureen M. Pettine
Name of Person Faxing This Paper

Signature

Movember 22, 2005

Date of Transmission

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INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (p. 1). The references cited are as follows:

6,353,929 Houston, John 03/2002 5,872,588 Aras, et al. 02/1999 5,796,952 Davis, et al. 08/1998

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Bambi F. Walters

Attorney for Applicants Registration No. 45,197

P. O. Box 5743

Williamsburg, VA 23188 Telephone: 757.253.5729

Date: 11/22/05

Signature

<b>FEE TRANSMIT</b>	TAL
for FY 2005	

Application Number 10/039,062 RECEIVED Filing Date December 31, 2001 CENTRAL FAX CENTER First Named Inventor William R. Matz Examiner Name Sean M. Reilly ☐ Applicant claims small entity status. See 37 CFR 1.27 NOV 2 2 2005 Art Unit 2153 Attorney Docket No. BS01376 TOTAL AMOUNT OF PAYMENT \$180.00 METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other Deposit Account Deposit Account No. 19-2167 Deposit Account Name: The Director is authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Application Type Fee (\$) Small Entity Fee Fee (\$) Small Entity Fee Fee (\$) Small Entity Fee Fees Paid (\$) (\$) **(2**) (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 ٥ 2. EXCESS CLAIM FEES Fee Description Fee (\$) Small Enty Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee(\$) Fee Paid (S) Multiple Dependent Claims - 20 or HP = Fee Paid (\$) Fee (\$) HP=highest number of independent claims paid for, if greater than 3. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP=highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Fee (\$) Fee Paid (\$) - 100 = /50 (round up) 4. OTHER FEE(S) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Supplemental IDS \$180,00 SUBMITTED BY: Complete (If applicable) Name (Print/Type) Bambi F. Walters Registration No. 45,197 Telephone: (757) 253-5729 (Attorney/Agent)

11/22/05

Date

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	IOFF	Y 2005		Examiner Name	Sean M. F		AL FAX CENTER
Applicant claim	ms small entity status. S	See 37 CFR 1.27		Art Unit	2153		V 2 2 2005
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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500 .	250	600	300	<u> </u>
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2 EXCESS CLAIN	4 FEES						
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f the specification and \$125 for small entity)	for each additional 50	) sheets or traction there:	of. See 35 U.S.C. 41	ed sequence or computer is: 1(a)(1)(G) and 37 CFR 1.16	ilings under ar un ils),	R 1.52(e)), the application	size fee due is \$250.00
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Other (e.g., late filing	g surcharge):	Supplemental IDS					\$180.00
SUBMITTED BY:	15 115 111 1					ompleta (if applicable)	_
Name (Print/Type)	Bambi F. Walte		Registration No. (Attorney/Agent)	45,197	1	Telephone:	(757) 253-5729
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PTO/SB/08A (08-00)

Approved for use through 10/31/2002, OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it contains a valid QMB control number.

Substitute for form 1448A/PTO Complete if Known Application Number 10/039,062 **INFORMATION DISCLOSURE** Filing Date December 31, 2001 STATEMENT BY APPLICANT First Named Inventor William R. Matz Group Art Unit 2153 (use as many sheets as necessary) Examiner Name Sean M. Reilly Sheet Altomey Docket Number BS01376

U.S. PATENT DOCUMENTS						
Exeminer Initials *	Cite No.'	U.S. Patent Document  Number Kind Code <sup>2</sup> (If known)	$\exists$	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		6,353,929 5,872,588 5,796,952		Houston, John	03/2002	
		5,872,588		Aras, et al. Davis, et al.	02/1999	
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Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. 2 Applicant is to place a check mark here if English language Translation is attached.